

**ANNEX A
PROGRAM COMMITMENTS
DESIGNATED SCREENING SERVICES**

NAME OF AGENCY: _____

CONTRACT NUMBER: _____ **CONTRACT TERM:** _____ TO _____

BUDGET MATRIX CODE: 13 **BUDGET MODIFICATION NO:** _____

(0 = Original)

1. Total number of clients who will be referred voluntarily to an inpatient setting(s). _____
 - A. Number of Adults (*age 18 and above*) _____
 - B. Number of Youth (*thru age 17*) _____
2. Total number of clients who will be referred to Acute Care Services _____
 - A. Number of adults (*Crisis Housing, Acute Partial Care, Acute-In-Home Services, Crisis Companions, etc.*) _____
 - B. Number of youth (*Youth Acute Partial Care, Intensive In-Community Services, Mobile Response & Stabilization Program, etc.*) _____
3. Total number of clients who will be referred to other community services. _____
 - A. Number of Adults (*Outpatient, PC, etc.*) _____
 - B. Number of Youth (*Outpatient, Youth PC, CMO, YCM, referral for other DCBHS services, etc.*) _____
4. Total number of clients screened and found appropriate for psychiatric hospitalization who will be committed involuntarily to: _____
 - A. Number of Adults (*to State or County psychiatric hospitals*) _____
 - B. Number of Youth (*to private psychiatric hospitals*) _____
5. Total number of clients screened and found appropriate for psychiatric hospitalization who will be served in: _____
 - A. Number of Adults (*Short Term Care Facilities (STCFs)*) _____
 - B. Number of Youth (*Children's' Crisis Intervention Service units (CCISs)*) _____
6. Total number of clients will utilize Extended Crisis Stabilization (Holding) beds. _____
 - A. Number of Adults (*age 18 and above*) _____
 - B. Number of Youth (*thru age 17*) _____
7. Total number of Extended Crisis Stabilization (Holding) bed days will be provided. _____
 - A. Number of Adults (*age 18 and above*) _____
 - B. Number of Youth (*thru age 17*) _____
8. Total number of other emergency bed days will be provided. _____
 - A. Number of Adults (*age 18 and above*) _____
 - B. Number of Youth (*thru age 17*) _____

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9. Total number of staff face-to-face contacts with clients will take place on-site. _____

A. Number of Adults (*age 18 and above*) _____

B. Number of Youth (*thru age 17*) _____

10. Total number of staff face-to-face contacts with clients will take place off-site. _____

A. Number of Adults (*age 18 and above*) _____

B. Number of Youth (*thru age 17*) _____

11. Total number of staff face-to-face contacts will be provided by a psychiatrist. _____
(Included in lines 9 & 10)

A. Number of Adults (*age 18 and above*) _____

B. Number of Youth (*thru age 17*) _____

12. Total number of staff face-to-face screening contacts will be delivered for adults and youth at the following locations: _____

A. Total face-to-face screening contacts for Adults by Mobile Outreach Team at: _____

a. Hospital-Inpatient _____

d. Jail _____

b. ES/ER _____

e. Nursing Home _____

c. Community _____

f. Other _____

B. Total face-to-face screening contacts for Youth by Screening Center Staff at: _____

a. Hospital-Inpatient _____

d. Detention Center _____

b. ES/ER _____

e. Out of Home Placement _____

c. Community _____

f. Other _____

13. Total number of staff face-to-face follow-up contacts will be delivered. _____

A. Number for Adults delivered by Mobile Outreach Team. _____

B. Number for Youth delivered by Screening Center Staff. _____

14. Total number of clients will receive medication follow-up visits. _____

A. Number of Adults (*age 18 and above*) _____

B. Number of Youth (*thru age 17*) _____

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15. Total number of staff face-to-face medication follow-up visits will be delivered. _____

A. Number of Adults (*age 18 and above*) _____

B. Number of Youth (*thru age 17*) _____

16. Total number of crisis telephone contact with clients will be delivered. _____

A. Number of Adults (*age 18 and above*) _____

B. Number of Youth (*thru age 17*) _____

17. Total Units of service will be provided. (*Sum of lines 9 and 10*) _____

A. Number of Adults (*age 18 and above*) _____

B. Number of Youth (*thru age 17*) _____

18. The following will be the schedule of staff coverage in order to provide 24 hour a day, seven day a week access to Designated Screening Services.

BUSINESS DAYS	<u>DAY to:</u>		<u>EVENING to:</u>		<u>NIGHT to:</u>	
	# on-call	#on-site	#on-call	#on-site	#on-call	#on-site
Psychiatrist	_____	_____	_____	_____	_____	_____
Other MD/DO	_____	_____	_____	_____	_____	_____
Certified Screeners	_____	_____	_____	_____	_____	_____
Mobile Outreach Team	_____	_____	_____	_____	_____	_____
Other Professionals (Direct Services)	_____	_____	_____	_____	_____	_____
Paraprofessionals (Direct Service) (Less than BA or RN)	_____	_____	_____	_____	_____	_____
Clerical/Other	_____	_____	_____	_____	_____	_____

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<u>WEEKENDS/HOLIDAYS</u>	<u>DAY to:</u>		<u>EVENING to:</u>		<u>NIGHT to:</u>	
	# on-call	#on-site	# on-call	#on-site	# on-call	#on-site
Psychiatrist	_____	_____	_____	_____	_____	_____
Other MD/DO	_____	_____	_____	_____	_____	_____
Certified Screeners	_____	_____	_____	_____	_____	_____
Mobile Outreach Team	_____	_____	_____	_____	_____	_____
Other Professionals (Direct Services)	_____	_____	_____	_____	_____	_____
Paraprofessionals (Direct Service) (Less than BA or RN)	_____	_____	_____	_____	_____	_____
Clerical/Other	_____	_____	_____	_____	_____	_____